

Attendance Sheet

Date: Click here to enter a date. 7/7/19		Time: 3P-5P		Location: Hoch Center		
Coordinated/Facilitated by :				Conducted by: Mary McDermott Chairperson		
Council/Meeting/Topic: CND Advisory Council						
	Print Full Name I.e.: Susan Jones	Clearly list your Credentials	Position/Title Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.	Unit	Signature	On/ Off Duty
1	Susan (Lilly) Mei	Rn. WCC	RN	Wound healing	[Signature]	☒ Yes ☐ No
2	Crystal Maschiano	BSN, RN-BC	RN IV	1 South	[Signature]	☒ Yes ☐ No
3	Susanne Newendorf	RN BS	RN 3	MCH	[Signature]	☒ Yes ☐ No
4	Chris Moon	BSN RN	RN II	SS	[Signature]	☐ Yes ☐ No
5	Paola Zavala	RN BSN	RN III	Endoscopy	[Signature]	☒ Yes ☐ No
6	Candice Johnson	BSN RN	RN II	SN	[Signature]	☐ Yes ☒ No
7	Lizeth Cervantes	BSN RN	RN TII	ICU	[Signature]	☒ Yes ☐ No
8	Judy Dillworth	PhD, RN, NEA-BC, CC, W-K	Director	Nurs. Admin	[Signature]	☒ Yes ☐ No
9						☐ Yes ☐ No
10						☐ Yes ☐ No
11						☐ Yes ☐ No
12						☐ Yes ☐ No
13						☐ Yes ☐ No
14						☐ Yes ☐ No
15						☐ Yes ☐ No
16						☐ Yes ☐ No